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\*\* CONTINUING DATA \*\*\*\*\* *No LT* \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *No LT* \*\*\*\*\*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Signature</i> <i>LT</i> Examiner's Signature Initials	STATE OR COUNTRY KS	SHEETS DRAWING 3	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 4
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ADDRESS  
 30954  
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TITLE  
 Reduced fat absorption in prepared foods

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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